

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-032220

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8345

STATE FILE NUMBER

FILED AUG 31 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Maplewood	
Length of stay in 1b 4 HRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Little Rock Hospitals, Inc.		d. STREET ADDRESS (If outside, give location) 7431 Hazel Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Joseph Ahern			4. DATE OF DEATH Month Day Year August 26 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-23-1898	9. AGE (last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioned Track welder		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) BEARDSTOWN ILL	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME EDWARD AHERN		13b. MOTHER'S MAIDEN NAME PHOEBE UNKNOWN		14. NAME OF HUSBAND OR WIFE MARGARET AHERN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			17. INFORMANT Address 4221 HARTFORD ROSEMARY HAVERKORN ST. LOUIS MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction 3 days DUE TO (b) Arterio sclerotic Heart Disease 3 years DUE TO (c) 4200		INTERVAL BETWEEN ONSET AND DEATH	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Nov. 1959 to August 1964 and last saw him alive on April 20, 1962 Death occurred at 3.15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Benjamin N. Clark, L.D.	(Degree or title)	22b. ADDRESS 1755 So Grand	22c. DATE SIGNED Aug. 26, 1962
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-29-1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	23d. LOCATION (City, town, or county) St. Louis CO. MO
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24. FUNERAL DIRECTOR Jay B. Smith, Funeral Home, 7456 Manchester Maplewood, Mo.	25. DATE RECD. BY LOCAL REG. AUG 27 1962	26. REGISTRAR'S SIGNATURE Raul Smith, M.D.
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Barbeau

Licensed Embalmer No. 4803

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.